

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41896
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6064</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>St. Clair</u> COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola (Rural)</u>		c. LENGTH OF <u>50</u> YRS (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola (Rural)</u>		<u>50.30</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osceola Township</u>				d. STREET ADDRESS (If rural, give location) <u>Township</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Houston</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9/10/1871</u>	
9. AGE (in years) <u>79</u> (Month) <u>4</u> (Day) <u>50</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Adair County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Houston</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ors Houston Osceola Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>58 10</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/26</u> , 19 <u>50</u> , to <u>12/4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/3</u> , 19 <u>50</u> , and that death occurred at <u>9P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Mark J. Jodan D.O.</u>				23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>12/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/7/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec-7-50</u>		REGISTRAR'S SIGNATURE <u>Paul H. Seewers</u> <u>288</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FB Emanuel Osceola Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

920

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. B. Goodrich

Licensed Embalmer No. *3038*

P. O. Address *Greenville, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.